

show upward of one hundred cases of this disease, half of the cases of a most aggravated form. Private practice of eighteen years here affords its material, likewise.

So I was much interested in reading observations on impetigo by Dr. Samuel Hanson and Dr. L. F. X. Wilhelm in the Bedside Medicine symposium in the April number of CALIFORNIA AND WESTERN MEDICINE (page 269). Their articles had to do particularly with the new-born and infants.

It is noteworthy in their articles on treatment to learn of methods endorsed by them, or quoted as routine from others, that follow the method that we have learned here by experience to be best. I refer to the use of ammoniated mercury and a careful exclusion of soap and water for the cure of impetigo.

In our own experience, we have learned in formidable cases as well as in others that it is best to absolutely forbid the use of soap and water, or water alone, at the outset or any other stage of treatment. Where the infection has invaded the bearded region of the face, we do not allow shaving until entirely well. Our directions are: no soap and no water, even for the daily face bath. In private practice, where patients are allowed for urgent business reasons to shave daily, and where impetigo of this region is well seated, more than likely all methods of treatment will prove in the end unsatisfactory and the patient will go elsewhere for a better result. So I do not accept patients who will not conform to the rule. No shaving, then, but instead twice daily the bearded region must be anointed by a thorough rubbing in with the tips of the fingers, allowing ten or fifteen minutes for this procedure, of the ammoniated mercury, U. S. P. It will require two weeks before a complete and certain freedom from all signs of the disease may be expected. When shaving is once more begun, the face should be wiped as dry as possible immediately thereafter, and for several weeks longer the ointment should be lightly massaged in. For the scalp, no water, but a thorough rubbing in by the finger tips of a copious amount of the ointment (heaping tablespoonful), taking fifteen or twenty minutes for the rub. Shampoo away thereafter excess ointment with a soft towel. This should be repeated three times weekly for two weeks. By the end of that time it is allowable to have a soap and water shampoo.

The reason for the exclusion of water is of course the swelling of the cells of the epidermis with this water, because water along with the soap makes a thin oil-proof surface that precludes the ointment with its oily base from a proper absorption by the skin; in particular preventing its percolation down and along the hairs to their deepest root portions, where assuredly the most inaccessible nests of the infection are to be found. In like fashion, since the hairs are continuously flooded with oil secreted by their own oil ducts, any watery solution of a medicament is inferior to one of oil, even alcohol suffering in such a comparison. The reason for not allowing shaving is the certainty of innumerable microscopic cuts and abrasions from even the sharpest blade, which would serve as fresh seeding spots of the highly potent infectious matter.

On the hairy portions of the thighs, on the back of the neck, on the genitals, scrotum in particular, on the hairy chest, the rule is, daily or twice daily inunctions with copious amounts of the ointment. No water on any of these parts.

Where the thick coalescing scabs are encountered, in long neglected cases, as frequently seen behind the knees, on the flexor surface—or at the elbow, flexor surface—or in other parts, we plaster on the ointment thick with a tongue blade, working it in somewhat, and then cover with a dressing. We confidently expect to have the area desquamate its thick scab, and on the pliable oily base little or no bleeding results while the closing up and clearing off the skin is "just around the corner."

Ammoniated mercury, U. S. P., properly used, will cure any and all cases of impetigo—quickly, certainly, safely, stainlessly, and painlessly. The 5 per cent

strength is popular. My experience has been with the 10 per cent. In the many patients where this has been used, over large skin areas, often I have had but a single mild case of incipient salivation. This patient was, in my opinion, individually hypersensitive to mercury. Disagreeable sequelae from mercurial inunctions as needed until well are not to be apprehended. If the ointment is by accident introduced into the conjunctiva, it will prove to be intensely irritating. Nasal mucous membrane is not so affected.

Sulphur ointment has no place in treatment of impetigo. The sulphur is not strong enough to kill the contagion, but it is strong enough to burn tissues and decidedly hinder normal healing. Iodin, mercurochrome, merthiolate, hexylresorcinol, alcohol, gentian violet, unguentine, have their advocates and may suffice for mild infections, particularly in children. My individual preference is, as stated, ammoniated mercury, 5 per cent for very tender skins (infants), 10 per cent for most of all cases.

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Subject of Following Letter: Suggestion that Mr. Chester Rowell's Articles on Antivivisection Activities Be Sent to All Voters of California.

To the Editor:—I have just finished reading Chester Rowell's articles on antivivisection (May CALIFORNIA AND WESTERN MEDICINE, page 352). Recently I was the recipient of some of the "anti" literature. I think Mr. Rowell's articles should be sent to all voters in California. Here is a way to do it. Every doctor sends out monthly statements. Why not print these articles in the form of "envelope stuffers" and ask every member of the California Medical Association to slip one into the envelope with his monthly statement. I could personally use five hundred, and would be glad to act as distributor for the twenty doctors in the west end of San Bernardino County.

Sincerely,

F. F. ABBOTT.

Ontario, California.

PUBLIC HEALTH LEGISLATION*

In the first period of the legislative session a total of 3,613 bills and constitutional amendments were introduced. These were carefully studied to learn the contents of each individual measure, and 230 were found that contained some reference to subjects directly or indirectly affecting the medical profession.

Meetings were held with representative groups in Northern and Southern California, and this list of 230 was boiled down to 79 pertinent bills, which were marked "Refer to Council." At these meetings each bill was gone over thoroughly and each meeting occupied almost an entire night. The California Medical Association Council then considered all of the 230 bills, with special attention to the 79. Action was taken instructing your Legislative Committee to approve or oppose the most important bills, and a report upon these will be rendered first.

SENATE BILLS

Senate Bill 160 (Seawell). A new act in re "hospital associations." Instructed to oppose. This bill died in committee as a result of the strenuous opposition that was aroused. It was never brought up for a hearing after our strength became known to the proponents,

* Editor's Note.—This report by Dr. Junius B. Harris of Sacramento, chairman of the Committee on Public Policy and Legislation, was submitted at the meeting of the Council held at San Francisco on May 27, 1933. The Council ordered its prompt publication in order that the members of the California Medical Association might have information concerning the public health legislation which has been discussed in CALIFORNIA AND WESTERN MEDICINE during the last several months.